

Case Number: Numerals only please

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Clinician ID:

Today's date:

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Session Number:

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ValueOptions Case: ☐ Yes ☐ No

EAP Case: ☐ Yes ☐ No

Sex: ☐ Male ☐ Female

Completing this questionnaire will help you and your counselor to plan your sessions and monitor your improvement. Please think about your experience in the past two weeks. If you are a parent or caretaker completing this questionnaire for a younger child, please respond as to how you see the child.

Please shade circles like this ☒

Completed by: ☐ Youth ☐ Other

In the past two weeks, how often did you (your child)...

| | Never | Rarely | Some- times | Often | Very often |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. ...eat a lot more or a lot less than usual?..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. ...get into trouble?..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. ...interrupt others?..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. ...lie to get things you wanted?..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. ...have a hard time controlling your temper?..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. ...worry about a lot of things?..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. ...feel worthless?..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. ...drink alcohol (beer, wine, hard liquor) or use drugs or illegal substances?..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. ...have a hard time having fun?..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. ...have a hard time waiting your turn?..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. ...hang out with kids who get into trouble?..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. ...feel nervous and/or shy around other people?..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. ...lose things you need?..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. ...have a hard time sleeping because you were worried?.. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. ...annoy other people on purpose?..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. ...think that you don't have any friends?..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Feedback on your last session: Skip 17-19 if you have not yet had a session with this counselor

| | Agree | Somewhat agree | Not sure | Somewhat disagree | Do not agree |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 17. The Counselor and I worked well together..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. The Counselor understood me..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. We talked about the things that were important to me... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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Site:

